

PIOPAC FIDELITY

NOTICE OF PRIVACY PRACTICES

09/23/2014

PIOPAC Fidelity is a third-party administration firm that works under agreement with various employers in the administration of their employer benefit plans. Including in the agreements between PIOPAC Fidelity and the Employer is a Business Associate Agreement. This Privacy Policy describes our relationship with your Employer and your health benefit plan, our functions and our policy for the handling of medically-private information.

PIOPAC Fidelity works for the Employer that sponsors your benefit plan. PIOPAC Fidelity does not provide benefits nor do we insure, indemnify or fund benefits; we work on behalf of your Employer to provide certain administrative services to assist your Employer in the administration of your health benefit plans. In all cases and in all events related to your benefits or the benefit plan sponsored by your Employer, your Employer will be the "Employer" and the "Plan Administrator" while PIOPAC Fidelity is the Business Associate. As a Business Associate working on behalf of your Employer, **PIOPAC Fidelity is bound by the HITECH Business Associate Agreement** in force with your Employer along with the requirements of HIPAA and the following is our HIPAA Privacy Policy Notice.

<p>This Notice Describes how Medical Information About You May Be Used and Disclosed and How You Can Get Access To This Information</p>
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We are required by law to protect the privacy of your protected health information, to provide you with this notice of our privacy practices and follow the terms of the notice that is currently in effect. We will not disclose confidential information without your authorization unless it is necessary to provide your health benefits and administer the Plan(s), or as otherwise required or permitted by law. When we need to disclose individually identifiable information, we will follow the policies described in this Notice to protect your confidentiality.

We maintain confidential information and have procedures for accessing and storing confidential records. We restrict internal access to your confidential information to employees who need that information to provide your benefits. We train those individuals on policies and procedures designed to protect your privacy. Our Privacy Officer monitors how we follow those policies and procedures and educates our organization on this important topic.

Who Will Follow This Notice:

This notice describes the medical information practices of PIOPAC Fidelity in regard to our services on behalf of your Employer, your Employer's group health plan(s) (the "Plan"), and that of any third party that assists in the administration of Plan claims.

Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records we maintain. Your Employer, your personal doctor or other health care provider may have different

policies or notices regarding the Employer's use or doctor's use and disclosure of your medical information created in the Employer's office or your doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

How We May Use and Disclose Medical Information About You
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The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use of disclosure in the category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

For Payment (as described in applicable regulation):

We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations (as described in applicable regulations):

We may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; other activities relating to Plan coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as management; and business management and general Plan administrative activities.

To the employer/Plan Sponsor/Plan Administrator:

PIOPAC Fidelity, is the Business Associate working on behalf of the Employer, Plan Sponsor and Plan Administrator to perform various functions of administration, recordkeeping, claims processing and similar ministerial functions and activities. As such, in the performance of those duties, we may disclose health information to the Employer or other third-parties as directed and required by the Employer, subject to the limits of our agreement with the Employer and the Employer's HIPAA policies.

To Business Associates:

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain services based upon an agreement. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to or receive your protected health information from a Business

Associate to administer claims or provide support services, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required By Law:

We will disclose medical information about you when we required to do so by federal, state or local law. For example, we may disclose medical information when required by a court in a litigation proceeding such as a malpractice action. In addition, we are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rules.

To Avert a Serious Threat to Health of Safety:

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.

Disclosures Between Health Plans:

In addition to the uses and disclosures of your protected health information for purposes of treatment, payment and health care operations discussed above, the Plan(s) may share your protected health information with each other. The Plan(s) have entered into an “organized health care arrangement” to coordinate their operations and to better serve you and the other participants and beneficiaries of the Plan(s). To do this, the Plan(s) may need to share protected health information with each other to manage their operations. However, the Plan(s) will only share your protected health information with each other as is necessary for the treatment, payment or health care operations of the Plan(s) and their common operation.

Disclosure to Health Plan Sponsor:

For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. Such information may only be used as necessary to comply with the HIPAA requirements, to administer benefits and perform plan administration functions and, if there is another health plan maintained by the Employer, for purposes of facilitating claims payments under that plan. Your protected health information cannot be used for employment purposes without our specific authorization.

Military and Veterans:

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Worker’s Compensation:

We may release medical information about you for worker’s compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks:

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths;
- To report child abuse or neglect;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities:

We may disclose medical information to a health oversight agency for activities authorized by the law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes:

If you involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement:

We may release medical information if asked to do so by law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- in emergency circumstance to report a crime; the location of the crime or victims; or to identify, description or location of the person who committed the crime.

National Security and Intelligence Activities:

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates:

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect

your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Disclosures to you:

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decision regarding your health care benefits. When requested, we are also required to provide you with an accounting of most disclosures of your protected health information where disclosure was for reasons other than for payment or health care operations, and where the protected health information was not disclosed pursuant to your individual authorities.

Personal Representative:

We will disclose your personal health information to individuals authorized by you, or to an individual designated as your personal representative and attorney etc. so long as you provide us with a written authorization or similar supporting documentation. Please note that under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- you have been or may be subjected to domestic violence, abuse or neglect by such person;
- treating such a person as your personal representative could endanger you; or
- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Authorization:

We will not use or disclose your confidential information for any purpose other than the purposes described in this Notice, without your written authorization. For example, we will not (1) supply confidential information to another company for its marketing purposes (unless it is for certain limited Health Care Operations), (2) sell your confidential information (unless under strict legal restrictions), or (3) provide your confidential information to a potential employer with whom you are seeking employment without your signed authorization. You may revoke the written authorization at any time, so long as the revocation is in writing, and the revocation shall be effective upon receipt. Any changes in authorization or revocation shall be effective at the time received and will not be effective for any information used or disclosed based upon the previous authorizations.

Your Rights Regarding Medical Information About You
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You have the following rights regarding medical information we maintain about you.

Right to Inspect and Copy:

You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the contact as show on page 7. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Amend:

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the CONTACT, shown on page 7. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

Right to an Accounting Disclosure:

You have the right to request an “accounting of disclosures” where such disclosure was made for any purpose other than treatment, payment, or health care operations. To request this list or accounting of disclosures, you must submit your request in writing to the CONTACT, shown on page 7. Your request must state a time period and may not be longer than six years and may not include dates before April, 2008. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost are incurred, You may also request and receive an accounting of disclosures of electronic health records made for payment, treatment, or health care operations during the prior three years for disclosures made on or after January 1, 2014.

Right to Request Restrictions:

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to PIOPAC Fidelity, shown on Page 7. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice:

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please contact the individual identified as the CONTACT on page 7 for the paper copy of this notice.

Changes to This Notice:

We reserve the right to change this notice and the effective date of the notice shall be noted on the first page. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with the Employer or with the Secretary of the Department of Health and Human Services. If you wish to file a complaint with the Employer, please submit a written complaint to the contact person listed on page 7 of this notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint. For additional information about HIPAA and your options for filing a complaint with the Office for Civil Rights (OCR), you can visit their web site, www.hhs.gov/ocr/contact.html, call the OCR toll-free number at (800) 368-1019 or write to them at Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.D. 20201. For the hearing impaired, please contact OCR at their toll-free TDD line: (808) 537-7697. As an alternative, you may call the HIPAA toll-free number at (866) 627-7748.

Other uses of Medical Information:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care and benefits that we provided to you.

Contact Information

If you have any questions on PIOPAC Fidelity's privacy practices or for clarification on anything contained within the Notice, please contact:

PIOPAC Fidelity
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